



STATE OF SOUTH CAROLINA  
STATE REVOLVING FUND (SRF) PROGRAM  
MONTHLY ESTIMATED DRAW REQUEST SCHEDULE

Project Sponsor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loan Number: \_\_\_\_\_  
Type Report: \_\_\_\_\_ Initial \_\_\_\_\_ Revised  
Project Name: \_\_\_\_\_  
\_\_\_\_\_  
Prepared by: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_ Pages  
For Calendar Year: \_\_\_\_\_  
Total Loan Amount: \_\_\_\_\_

Category	January	February	March	April	May	June	July	August	September	October	November	December	Totals
1. Engineering	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. Land Acquisition	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. Legal, Appraisal	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. Construction Totals	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. Equipment	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6. Construction Engineering	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7. Other	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

The above monthly amounts represent the estimated or actual draw amounts (whichever is applicable), by category, for the months indicated. These amounts are for the duration of the project and will be revised if a monthly total draw request amount varies upward or downward by 15% or more from the original or subsequent estimates.

\_\_\_\_\_  
Signature of Sponsor Representative                      Printed Name and Title of Sponsor Representative                      Date

Submit to: SCDHEC, Water Facilities Permitting Division, SRF Section, 2600 Bull Street, Columbia, SC 29201